

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032820

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 132

STATE FILE NUMBER

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford Twnsp</u>		c. CITY OR TOWN <u>Troy</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>lifetime</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Ronda</u> Middle <u>Shafer</u> Last <u>Shafer</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/21/1902</u>
9. AGE (last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>oil business</u>	
11. BIRTHPLACE (City and state or country) <u>Lincoln Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Marion Shafer</u>		13b. MOTHER'S MAIDEN NAME <u>Eugenia Howell</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Davis Shafer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO. <u>74</u>		17. INFORMANT <u>Wife</u> Address <u>Troy, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Deep midbrain lacerations</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>multiple depressed fracture of skull</u>		
DUE TO (c) <u>Automotive trauma.</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>automobile accident</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Thrown 102 feet from truck accident.</u>	
20c. TIME OF INJURY Hour <u>6:20</u> p.m. Month, Day, Year <u>Aug. 24, 1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>2 1/2 mi. North of Troy on Highway 11</u>	
20g. COUNTY <u>Lincoln</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>Investigated by Coroner of Lincoln Co. Mo.</u> and last saw him alive on <u>6:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Charlotte Leek</u> (Degree title) <u>Local Registrar Troy, Mo.</u>		22b. ADDRESS <u>Troy, Mo.</u>		22c. DATE SIGNED <u>8-28-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/27, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sulphur Lick Cemetery</u>		23d. LOCATION (City, town, or county) <u>Troy, Mo.</u>
24. FUNERAL DIRECTOR <u>Kemper Marsh Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>8-28-1963</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

SEP 6 1963

SEP 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph March, Jr.

Licensed Embalmer No. 5105

P. O. Address: Tracy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.